

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153444

FILED
Apr 30, 2009
Secretary of State

Entity Name: COMFORT CARE HOME HEALTH, INC.

Current Principal Place of Business:

16115 SW 117 AV
A-22
MIAMI, FL 33177

New Principal Place of Business:

16661 SW 117 AVE.
MIAMI, FL 33177 US

Current Mailing Address:

16115 SW 117 AV
A-22
MIAMI, FL 33177

New Mailing Address:

16661 SW 117 AVE.
MIAMI, FL 33177 US

FEI Number: 20-8063344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, ANGELA C
16115 SW 117 AVE
A-22
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

LEWIS, ANGELA C
16661 SW 117 AVE.
MIAMI, FL 33177 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, ANGELA C PRESIDE
Address: 16115 SW 117 AV. A22
City-St-Zip: MIAMI, FL 33177 US

Title: VP () Delete
Name: EXUME, ERLINE
Address: 16115 SW 117 AV. A22
City-St-Zip: MIAMI, FL 33177 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: EXUME, ERLINE
Address: 16661SW 117 AV.
City-St-Zip: MIAMI, FL 33177 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA LEWIS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date